

Child's Name _____

LFCCH REQUIRED SIGNATURES



PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Ms. Ann Marie Bercy, Office of Child Care Licensing, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810-4803.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge I received this notice as part of the application packet.

Parent/Guardian Signature

Date



PARENT PERMISSION FOR DVD/TV VIEWING

Children may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.

I hereby authorize my child to watch educational movies.

Parent/Guardian Signature

Date



PARENT PERMISSION FOR COMPUTER USAGE

Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.

I hereby authorize my child to use the computer.

Parent/Guardian Signature

Date



RECEIPT OF PARENT INFORMATION

I certify that I have received information regarding the following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, safe sleep procedures for infants, pets or animals present in the home regardless of the location within the Large Family Child Care Home and transportation, if provided.

Parent/Guardian Signature

Date



TRANSPORTATION PERMISSION

I hereby give permission for my child to be transported by _____.

Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem. This information will be carried with the operator of the vehicle named above.

Parent/Guardian Signature

Date